

<b>Case Number:</b>	CM13-0060440		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 04/27/2013. The patient's diagnosis is status post left knee arthroscopy, with residual arthritic changes at the knee. The patient was seen in orthopedic follow-up on 10/29/2013. The patient was noted to be cooperative with the exam. The exam showed range of motion of 0-100 degrees, with swelling of the knee. There was tenderness at the medial and lateral joint lines. The ligamentous exam was stable. The patient's arthroscopy was noted to have occurred on 08/17/2013, approximately 2-1/2 months prior to the October follow-up appointment. The patient had previously attended 24 sessions of post-operative physical therapy. The treating physician requested an additional 12 visits of therapy to focus on aggressive stretching and strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy to the left knee, 3 x per week for 4 weeks in-house:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): Section 24.3.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines' section on physical medicine recommends transition to an independent home rehabilitation program. Additionally, the Postsurgical Treatment Guidelines state that, if additionally therapy is needed, the physician should document functional goals for such therapy. At this time, the stated physical therapy goals could be achieved through an independent home rehabilitation program. It is unclear why the additional physical therapy would require supervision as opposed to independent home rehabilitation. This request is not medically necessary.